

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000003398

**Entity Name:** SHRI LAKSHMI NARAYAN MANDIR, INC

**Current Principal Place of Business:**

269 SOUTH KLONDIKE AVENUE  
ORLANDO, FL 32811

**Current Mailing Address:**

269 SOUTH KLONDIKE AVENUE  
ORLANDO, FL 32811

**FEI Number: 85-1281670**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DR. BHASKHARAN JADONATH  
1247 GOLDEN LANE  
ORLANDO, FL 32804 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRE  
Name           JADONATH, PANDIT  
Address       269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title           VPRE  
Name           SHOBRAJ, HARRY  
Address       269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title           VPRE  
Name           LUTCHMAN, VISHNU  
Address       269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title           SEC  
Name           JADONATH, BHASKHARAN DR.  
Address       269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title           TRE  
Name           JADONATH, YADONATH  
Address       269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title           ASSISTANT TREASURER  
Name           RAMKARRAN, VEDIKA  
Address       269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title           DIRECTOR-CHAIRMAN  
Name           JADONATH, CHURAMAN  
Address       269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title           DIRECTOR  
Name           SINGH, AMRITA  
Address       269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BHASKHARAN JADONATH**

**REGISTER AGENT**

**02/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JADONATH, SUNIL DR.  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR  
Name DHANIRAM, NFN  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR  
Name SINGH, JANKIE  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR  
Name DHANIRAM, CHARITY  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR  
Name RAMBARRAN, SANDRA  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR  
Name JADONATH, SATESH  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR  
Name SINGH, KIREN  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title ASSISTANT SECRETARY  
Name JADONATH, CAPILDEO DR.  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811